

## City of Burien, Washington

## SPECIAL BURIEN MEMBER KING COUNTY LANDMARKS COMMISSION APPLICATION Three-Year Term

NAM	E:				
Ном	e Address:				
		STREET	Сіту	STATE	ZIP CODE
Ном	e Phone:	Busin	ess Phone:		
E-M	AIL:				
1.		TERESTED IN SERVING IN TH			
2.		IY SPECIAL SKILLS OR EXPER ULTURAL ANTHROPOLOGY,			
3.	What experiend	CE DO YOU BRING TO THIS F	POSITION?		
4.	Educational/o	CCUPATIONAL BACKGROUN	ID:		
ARE Y	OU AVAILABLE FOR L	ATE AFTERNOON MEETING:	s?		
Com	mission has a Bui	n the commission will rien application for de ppointment may range	signation under co	onsideration. Th	e time commitment
	MORE INFORMATION	, PLEASE CONTACT THE COI	MMUNITY DEVELOPM	ENT DEPARTMENT	ASSISTANT AT
Signature:			[	Оате:	
RETU	RN THIS FORM WITH	RESUME, IF AVAILABLE, TO N, 400 SW 152 <sup>ND</sup> STREET,	: SUSAN COLES, COM	IMUNITY DEVELOPI	MENT DEPARTMENT